MULTIPLE DE NDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

APPLICANT(S)

CLAIMS

 						(
	AS FILED		AFTER 1"AMENDMENT		AFTER 2 TAMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.					
1 2						DEI.				
3	7									
4		4								
5										
7		= $+$								
8			-+							
9						+				
11										
12										
13	$-\bot$									
14			$-\bot$							
16										
17										
18 19										
20										
21					+					
22 23						\exists				
24					191	-				
25 26						\dashv				
27										
28										
29 30	-				1000					
31				-		7				
32			+	- 	+	-1				
33 34]				
35	 	- -	 		 	4				
36					 	1				
37 38	 					1 .				
39	 	 	 	 	 	1 1				
40						1 1				
41 42						1 1				
43		1								
44						. <i>I</i>				
45										
47						H				
48						t				
50										
TOTAL END.	#		#		#	10				
TOTAL DEP. C	-		<u> </u>		-	10				
TOTAL CADES						1				
PTO-DAI (REV. 1U4)										

CLAIM	3		,							
$I \cap I$		ASI	AS FILED		TER	AFTER 1 AMENDMENT				
1 L		IND.	DEP.	IND.						
1 [51		-	MILD.	DEP.	IND.	DEP.			
1 1	52				 					
1 -	53						-			
-	54									
-	55 56					-				
-	57					1				
<u> </u>	58									
	59									
	60									
	61.									
	62		-2.							
	63			-						
	54									
	5									
6	6									
68										
69										
70										
71							_]			
72										
73					110					
74		7				1-	-1			
75 76							\neg			
77		 								
78	1000		-							
79				1-						
80						- 	-1			
81						- 	-1			
82	 					 	7			
83 84	 					1	7			
85							7			
86	 						1			
87	 	 	 	 		<u> </u>	4			
88		1	1	 		 	4			
89				 	 	 	1			
90				1	1	l	1			
91		 					i			
92 93		<u> </u>	 							
94		 								
95										
96										
97										
98										
99	1		·							
100			-							
OTAL END.		+		#	T	#				
TAL DEP	•	+	•	+		-				
ZAMAS	18						•			
U.S. DEPARTMENT of COMPANY										
	-	tent and Trad	omerk Office							